
DATA PRIORITY KEY

Priority 1: Map Data

1. First Name
2. Last Name
3. Date of Birth
4. Current Sex
5. State
6. County
7. Jurisdiction
8. Investigation Start Date
9. Date Patient Was Released from Isolation
10. Investigation Status
11. Date Assigned to Investigation
12. Was the patient hospitalized for this illness?
13. Admission Date (can leave blank if 12 is no)
14. Discharge Date (can leave blank if 12 is no)
15. Did the patient die from this illness?
16. Case Status

Priority 2: Grant Data

1. Was the patient interviewed within 24 hours of identification?
2. Total number of contacts
3. How many contacts were notified within 24 hours?
4. How many contacts were tested for COVID-19 within 14 days?
5. How many identified contacts tested positive for COVID-19?

Priority 3: Epi-Curve Data

1. Ethnicity information as of date
2. Ethnicity
3. Does the case have any tribal affiliation?
4. Enrolled tribal member
5. Tribal name
6. Race information as of date
7. Race
8. Did the patient develop pneumonia?
9. Did the patient have acute respiratory distress syndrome?
10. Did the patient have another diagnosis/etiology for their illness?
11. Did the patient have an abnormal chest x-ray?
12. Did the patient have an abnormal EKG?
13. Was the patient admitted to an intensive care unit (ICU)?
14. ICU Admission Date
15. ICU Discharge Date
16. Is the patient part of a cluster of COVID-19 individuals?
17. What is the name of the COVID-19 cluster?
18. Is the patient a health care worker in the United States?
19. Adult congregate living facility
20. Correctional facility
21. Domestic travel
22. If yes, specify state
23. International travel
24. If yes, specify country
25. Did the patient have contact with another COVID-19 case?
26. Household contact
27. Community contact
28. Healthcare contact
29. Community Event/Mass Gathering
30. School/university/childcare center exposure
31. Detection method
32. Control measures implemented date
33. Patient lost to follow up
34. Symptoms present during course of illness
35. Date of symptom onset
36. Onset date could not be determined
37. Date of symptom resolution
38. Pre-existing medical conditions?

39. Laboratory Testing Performed

View Investigation: 2019 Novel Coronavirus (COVID-19)

TEST PATIENT Female 08/19/1996 (23 Years)			Patient ID: 909116
Investigation ID: CAS10600000MT01	Created: 08/05/2020	By: Sam Saycich	
Investigation Status: Open	Last Updated: 08/10/2020	By: Sam Saycich	
Investigator: Sam Saycich	Case Status: Confirmed	Notification Status:	

* Indicates a Required Field

☐ Patient Information

General Information

* Information As of Date: 08/05/2020
Comments:

Name Information

Name Information As Of Date: 08/05/2020

First Name: TEST

Middle Name:

Last Name: PATIENT

Suffix:

Other Personal Details

Other Personal Details As Of Date: 08/05/2020

* Date of Birth: 08/19/1996

Reported Age: 23

Reported Age Units: Years

Country of Birth:

Current Sex: Female

Mortality Information As Of Date: 08/05/2020

Is the patient deceased?: No

Deceased Date:

Marital Status As Of Date:

Marital Status:

Reporting Address for Case Counting

Address Information As Of Date: 08/05/2020

Street Address 1: 1400 East Broadway Street

Street Address 2: MTDPHHS

City: Helena

* State: Montana

Zip: 59602

* County: Lewis and Clark County

Country: UNITED STATES

Telephone Information

Telephone Information As Of Date: 08/05/2020

Home Phone: 406-444-0273

Work Phone: 406-444-0018

Ext.:

Cell Phone:

Email:

Ethnicity and Race Information

Ethnicity Information As Of Date: 08/05/2020

Ethnicity: Not Hispanic or Latino

Does this case have any tribal affiliation?: No

Enrolled Tribal Member?:

Tribe Name(s):

Race Information As Of Date: 08/05/2020

Race: White

Data Priority Key	
Priority #1	: Map Data
Priority #2	: Grant Data
Priority #3	: Epi-Curve Data
Number of Data Elements	
16	5
39	

☐ Investigation Information

Investigation Details

These fields are required data elements for case reporting.

Jurisdiction: LEWIS AND CLARK

Program Area: General Communicable Diseases

Investigation Details

Investigation Start Date: 08/05/2020
Was the patient interviewed within 24 hours of identification?: Yes
Total Number of Contacts: 20
How many contacts were notified within 24 hours?: 17
Number of Contacts Tested for COVID-19 within 14 Days of Notification: 8
How many contacts tested positive for COVID-19?: 2
Date Patient Was Released from Isolation:
Investigation Status: Open
Shared Indicator: Yes

COVID-19 Case Details

The Montana Department of Health Will Assign the CDC 2019-nCoV ID.
CDC 2019-nCoV ID:
Source patient case ID:
These fields are required data elements for case reporting.
What is the current status of this person?: Laboratory-confirmed case
Report Date of PUI to CDC:
Report Date of Case to CDC:
Under what process was the case first identified?: Clinical evaluation
Other Under what process was the case first identified?:
DGMQ ID:
Information Source for Clinical Information (check all that apply): Medical record review, Patient interview

Investigator

Sam Saycich, BA
CDEPI
Investigator: Montana DPHHS
Helena, Montana
406-444-0018

Date Assigned to Investigation: 08/05/2020

☐ Reporting Information

Key Report Dates

Date of Report: 08/05/2020
Earliest Date Reported to County: 08/01/2020
Earliest Date Reported to State: 08/05/2020

Reporting Organization

Reporting Source Type: Laboratory
Montana Department of Health and Human Services
Reporting Organization: Helena, Montana 59620-2951
406-444-0273

Reporting Provider

Reporting Provider:

Reporting County

Reporting County: Lewis and Clark County

☐ Clinical

Physician

Physician:

Clinical Findings

These fields are required data elements for case reporting.
Date of first positive specimen collection: 08/01/2020
Did the patient develop pneumonia?: No
Did the patient have acute respiratory distress syndrome?: No
Did the patient have another diagnosis/etiology for their illness?: No
Did the patient have an abnormal chest X-ray?: No
Did the patient have an abnormal EKG?: No

Hospital

These fields are required data elements for case reporting.
Was the patient hospitalized for this illness?: Yes
Hospital: ST PETER'S COMMUNITY HOSPITAL
406-447-2954
406-447-2950

Hospital

2475 BROADWAY
Helena, Montana 59601-0000

Admission Date: 08/01/2020

If hospitalized, was a translator required?: No

If yes, specify which language:

Discharge Date:

Total Duration of Stay in the Hospital (in days):

Was the patient admitted to an intensive care unit (ICU)?: No

ICU Admission Date:

ICU Discharge Date:

Did the patient die from this illness?: No

Date of Death:

Unknown Date of Death:

Condition

Diagnosis Date: 08/01/2020

☐ Epidemiologic

Epi-Link

These fields are required data elements for case reporting.

Is the patient part of a cluster of COVID-19 individuals?: Yes

What is the name of the COVID-19 cluster?: Dairy Queen Cluster

Is the patient a health care worker in the United States?: No

If yes, what is their occupation (type of job)?:

Other If yes, what is their occupation (type of job)?:

If yes, what is their job setting?:

Other If yes, what is their job setting?:

Patient history of being in a healthcare facility (as a patient, worker or visitor) in China?: No

Adult Congregate Living Facility (nursing, assisted living, or LTC facility): No

Correctional Facility: No

Exposure Information

These fields are required data elements for case reporting.

In the 14 days prior to illness onset, did the patient have any of the following exposures (indicate all that apply):

Workplace: Yes

If yes, is the workplace critical infrastructure (e.g. healthcare setting, grocery store)?: No

If yes, specify workplace setting:

Did the patient travel to any high-risk locations:

Domestic travel (outside normal state of residence): No

If yes, specify state(s):

International Travel: No

Specify Country(s):

Did the patient have contact with another COVID-19 case (probable or confirmed)?: Yes

If the patient had contact with another COVID-19 case, was this person a U.S. case?: Yes

nCoV ID of source case 1: BOSS

nCoV ID of source case 2:

nCoV ID of source case 3:

Household contact: No

Community contact: Yes

Healthcare contact: No

Type of healthcare contact:

Community Event/Mass Gathering: No

Cruise ship or vessel travel as passenger or crew member: No

Specify Name of Ship or Vessel:

Airport/Airplane: No

Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology: No

School/University/Childcare Center Exposure: No

Animal with confirmed or suspected COVID-19: No

Specify Type of Animal:

Other Exposure: No

Other Exposure Specify:

Unknown exposures in the 14 days prior to illness onset: No

Disease Acquisition

Where was the disease acquired?: Indigenous

Imported Country:

Imported State:

Imported City:

Imported Country:

Country of Usual Residence: UNITED STATES

Which would best describe where the patient was staying at the time of illness onset?: Apartment

Other Which would best describe where the patient was staying at the time of illness onset?:

Exposure Location

Country of Exposure	State or Province of Exposure	City of Exposure	County of Exposure
No Data has been entered.			

These fields are required data elements for case reporting.

Country of Exposure:

State or Province of Exposure:

City of Exposure:

County of Exposure:

Binational Reporting

Binational Reporting Criteria:

Case Status

These fields are required data elements for case reporting.

Transmission Mode: Droplet

Detection Method: Patient self-referral

Confirmation Method: Laboratory confirmed

Confirmation Date: 08/01/2020

Case Status: Confirmed

If probable, select reason for case classification:

MMWR Week: 32

MMWR Year: 2020

If yes, describe:

Control Measures Implemented Date: 08/01/2020

Patient Lost to Follow-up?: No

☐ General Comments

General Comments

General Comments:

☐ Signs & Symptoms

Symptoms

These fields are required data elements for case reporting.

Symptoms present during course of illness: Yes

Date of Symptom Onset: 07/27/2020

Onset date could not be determined: No

Date of Symptom Resolution:

If symptomatic, symptom status: Still symptomatic

Illness Duration:

Illness Duration Units:

Age at Onset: 23

Age at Onset Units: Years

Symptom Details

These fields are required data elements for case reporting.

Fever >100.4F (38C): Yes

Highest Measured Temperature: 102 Fahrenheit

Subjective fever (felt feverish): Yes

Chills: Yes

Rigors: Yes

Muscle aches (myalgia): Yes

Runny nose (rhinorrhea): Yes

Sore Throat: Yes

New Olfactory and Taste Disorder: No

Symptom Details

Headache: No
Fatigue or malaise: No
Cough (new onset or worsening of chronic cough): Yes
Wheezing: Yes
Shortness of Breath (dyspnea): No
Difficulty Breathing: No
Chest Pain: No
Nausea or Vomiting: No
Abdominal Pain or Tenderness: No
Diarrhea (=3 loose/looser than normal stools/24hr period): No
Loss of appetite: No
Other symptom(s)? : No
Other Symptoms:

☐ **Medical History**

Pre-Existing Conditions

These fields are required data elements for case reporting.

Pre-existing medical conditions?: No

Medical History

Diabetes Mellitus:
Hypertension:
Severe Obesity (BMI >=40):
Cardiovascular disease:
Chronic Renal disease:
Chronic Liver disease:
Chronic Lung Disease (asthma/emphysema/COPD):
Other Chronic Diseases:
Specify Other Chronic Diseases:
Other Underlying Condition or Risk Behavior:
Specify Other Underlying Condition or Risk Behavior:
Immunosuppressive Condition:
Autoimmune Condition:
Current smoker:
Former smoker:
Substance Abuse or Misuse:
Disability:
Specify Disability:
Psychological or Psychiatric Condition:
Specify Psychological or Psychiatric Condition:
Is the patient pregnant?:
Due Date:

☐ **Respiratory Diagnostic Testing**

Laboratory Information

These fields are required data elements for case reporting.

Laboratory Testing Performed: Yes

Respiratory Diagnostic Testing

Influenza A Rapid Ag: Negative
Influenza B Rapid Ag: Negative
Influenza A PCR: Negative
Influenza B PCR: Negative
RSV: Not Done
H. metapneumovirus: Not Done
Parainfluenza (1-4): Not Done
Adenovirus: Not Done
Rhinovirus/enterovirus: Not Done
Coronavirus (OC43, 229E, HKU1, NL63): Not Done
M. pneumoniae: Not Done
C. pneumoniae: Not Done
Were Other Pathogen(s) Tested?: No

Symptom Notes

Symptom Notes:

Other Pathogens Tested

	Specify Other Pathogen Tested	Other Pathogens Tested
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No Data has been entered.

Specify Other Pathogen Tested:

Other Pathogens Tested:

☐ **Contact Records**

Contacts Named By Patient

The following contacts were named within TEST PATIENT's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
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Nothing found to display.

Patient Named By Contacts

The following contacts named TEST PATIENT within their investigation and have been associated to TEST PATIENT's investigation:

Date Named	Contact Record ID	Named By	Priority	Disposition	Investigation ID
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Nothing found to display.

☐ **Associations**

Associated Lab Reports

Date Received	Reporting Facility/Provider	Date Collected	Test Results	Program Area	Event ID
08/05/2020 12:00 AM	Reporting Facility: Montana Department of Health and Human Services	08/01/2020	SARS coronavirus 2 RNA: detected - (Final) Reference Range: (detected-not detected) - (Final)	General Communicable Diseases	OBS11468074MT01

Associated Morbidity Reports

Date Received	Condition	Report Date	Type	Observation ID
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Nothing found to display.

Associated Treatments

Date	Treatment	Treatment ID
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Nothing found to display.

Associated Vaccinations

Date Administered	Vaccine Administered	Vaccination ID
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Nothing found to display.

Associated Documents

Date Received	Type	Purpose	Description	Document ID
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Nothing found to display.

☐ **Notes And Attachments**

Notes

Date Added	Added By	Note	Private
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Nothing found to display.

Attachments

Date Added	Added By	File Name	Description
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Nothing found to display.

☐ **History**

Investigation History

Change Date	User	Jurisdiction	Case Status	Version
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Investigation History

Change Date	User	Jurisdiction	Case Status	Version
08/10/2020	Sam Saycich	LEWIS AND CLARK	Confirmed	3

Notification History

Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
Nothing found to display.						